

Virginia-Specific Ethics Course 2020 Evaluation Form

| Nome | | | | | |
|---|------------------|----------------|---------|-------|-----------|
| Name: | | | | | |
| Instructor: | | | | | |
| Sponsor: | | | | | |
| | | | | | |
| Date: | | | | | |
| Course content and materials: Rate on a scale from | n 1-5 | | | | |
| Course content and materials. Nate on a scale non | Strongly | Disagree | Neutral | Agree | Strongly |
| | disagree (1) | (2) | (3) | (4) | agree (5) |
| ne objectives of the training were clearly defined. | | | | | |
| ne topics covered were relevant to me. | | | | | |
| he training objectives were met. | | | | | |
| he content was organized and easy to follow. | | | | | |
| he materials provided were clear and helpful. | | | | | |
| he training was relevant to my career. | | | | | |
| articipation and interaction were encouraged. | | | | | |
| Instructor and accommodations: Rate on a scale fr | rom 1-5 | | | | |
| | Strongly | Disagree | Neutral | Agree | Strongly |
| | disagree (1) | (2) | (3) | (4) | agree (5) |
| he instructor was knowledgeable of the training topics. | | | | | |
| ne instructor was well prepared. | | | | | |
| ne instructor was informative and effective. | | | | | |
| he time allotted for the training was sufficient. | | | | | |
| he facilities and any equipment were satisfactory. | | | | | |
| | | | | | |
| Please provide any additional comments regarding the | instructor and t | he facilities. | | | |
| | | | | | |